Canad. M. A. J.
April 1, 1955, vol. 72

In one case the stridor and cyanosis appeared to be associated with a sensitive carotid sinus, and in the other the symptoms appeared to be precipitated by visceral stimulation such as feeding. In the latter case there was some associated "stiffness," but no actual seizure: the authors concluded that this was a case of an epileptic variant produced by sensory stimulation because of the good results of therapy with anti-epileptic drugs. It is doubtful, of course, whether a condition of this nature can really be regarded as a true case of infantile stridor; on the other hand it is possible that some cases of stridor may be due to epileptic variants.

Apley[3] has some interesting comments to make from a follow-up study of 80 cases of "infantile stridor." The character and intensity of the stridor were related to the degree of obstruction of the airway, and the stridor itself waned gradually, often being heard with crying, eventually being precipitated by infection only. It is of interest that there was some evidence for a hereditary factor, stridor occurring in 11 out of 14 children in five families: there also appeared to be a preponderance of males in this series. There was evidence, too, that abnormalities of the central nervous system are related: three children were mongols, 16 others were mentally retarded and three who died had developmental errors in the central nervous system. Apley considered that the largest group was due to abnormalities of the upper respiratory tract (changes in the epiglottis being the most frequent). In Apley's series 11 died, and in eight out of nine surviving beyond the immediate postnatal period death was due to respiratory obstruction: it is of interest that a third of those still living had had frequent respiratory complications and he comments that the incidence of chest wall deformities was higher than normal.

W.F.T.T.

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THE PARALYSED NIGHT NURSE

The paralysed night nurse has recently made one of her rare appearances in medical literature.[1] Her embarrassing but harmless disability is one of the oddities of medicine—apparently well-known to a large section of the nursing profession but quite neglected by medical writers. In her recent communication, Miss Peace[1] describes her own affliction in detail. The classical description is that a nurse on night duty, while sitting in a chair, sees a head nurse approach and finds herself completely unable to rise to greet her. The paralysis extends to all the limb muscles and even the muscles of the face; it passes off within a short period. In Miss Peace's case, it was accompanied by a buzzing in the ears and a sensation of being cut off from humanity. It is not related to sleep, and may affect persons during the day.

Practically the only medical man who has interested himself in this condition seems to be the Bristol psychiatrist, Rudolf, who in 1946[2] stated that he had found nothing on it in the literature, although he has since established[3] the fact that one-third of a group of male and female nurses had suffered from this paralysis, and that it had occurred in places as far apart as Montreal and India. Rudolf now describes the condition as "innocuous temporary immobility", and points out that it is by no means confined to nurses, and that partial attacks in which only a few muscle groups are involved may occur. There must be some relationship between this condition and the one familiar in aviation medicine under the name of "fascination," defined as a condition in which a pilot fails to respond adequately to a clearly defined stimulus-situation, in spite of the fact that all the necessary cues are present and the proper response is well known to him. Presumably this happens to automobile drivers as well.

At one naval air station in the U.S.A. it is recorded that 92% of advanced students had experienced this highly dangerous state. One instructor felt that this type of behaviour was the result of a mental block. "They got stuck," he said. To what extent fear and anxiety play a part in this immobilization, which bears a strong resemblance to catalepsy, is unknown. It would seem as if there is a myoneural block of impulses from consciousness in night nurses' paralysis, whereas in some cases of fascination the sufferer, though clearly perceiving the total situation, just does not make the correct response, even though his immobility may cost him his life.

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2. RUDOLF, G. DE M.: *Bristol Medico-Chir. J.*, **63**: 132, 1946.
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THE ARGYLL ROBERTSON PUPIL

A great deal of confusion has been caused by the use of Argyll Robertson's name in describing abnormal pupils. In 1869 Argyll Robertson reported a series of cases with loss of pupillary constriction to light but preservation of pupillary constriction to accommodation, miosis and incomplete pupillary dilatation to atropine. Since this original description some use the term to describe pupils with loss of constriction to light and preservation of constriction to accommoda-